2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013384

Entity Name: MEDSOURCE, L.L.C.

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

33 N. GARDEN AVE., SUITE 800 CLEARWATER, FL 33755

Current Mailing Address: New Mailing Address:

33 N. GARDEN AVE., SUITE 800 CLEARWATER, FL 33755

FEI Number: 59-3746707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEEFE, RICHARD J 6739 1ST AVE S

SAINT PETERSBURG, FL 33707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MERCURIS, KOSTA
 Name:

 Address:
 3853 WELLINTON PARKWAY
 Address:

 City-St-Zip:
 PALM HARBOR, FL 33767
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HALL, TRACY M
 Name:

 Address:
 PO BOX 318 / 240 GEORGIA AVE
 Address:

 City-St-Zip:
 CRYSTAL BEACH, FL 34681
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SULLIVAN, VİRĞINIA J
 Name:

 Address:
 67 BAY WOODS DRIVE
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TRACY SULLIVAN-HALL MGRM 04/05/2009